

## Application for Change/Transfer of Water Right

For Ecology Use  
**RECEIVED**

NOV 07 2013

DEPARTMENT OF ECOLOGY  
EASTERN REGIONAL OFFICE

For filing with the Department of Ecology *or* with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION  
IF FILED WITH THE DEPARTMENT OF ECOLOGY**

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☐ Change point(s) of diversion/withdrawal
- ☒ Add point(s) of diversion/withdrawal
- ☒ Change/transfer place of use
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

**\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL  
SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\***

### FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED \_\_\_\_\_

CHECK NO. \_\_\_\_\_ FEE \$ \_\_\_\_\_

DATE ACCEPTED \_\_\_\_\_ BY \_\_\_\_\_

CHANGE NO. \_\_\_\_\_

COUNTY \_\_\_\_\_ WRIA \_\_\_\_\_

SPECIAL AREA \_\_\_\_\_

SEPA: ☐ EXEMPT ☐ NOT EXEMPT

ECY CODING: 001-002-WR10285-000011

APP NO. \_\_\_\_\_ PERMIT NO. \_\_\_\_\_

CERT NO. \_\_\_\_\_ CERT OF CHG NO. \_\_\_\_\_

- ☐ I have participated in a pre-application conference with Ecology.

### 1. Applicant Information

APPLICANT/BUSINESS NAME City of Warden	PHONE NO. 509-349-2326	FAX NO. 509-349-2027
ADDRESS 121 S. Main St.		
CITY Warden	STATE WA	ZIP CODE 98857
EMAIL ADDRESS (IF AVAILABLE) Ron Curren [rcurren@cityofwarden.org]		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE City of Warden	PHONE NO. 509-349-2326	FAX NO. 509-349-2027
ADDRESS 121 S. Main St.		
CITY Warden	STATE WA	ZIP CODE 98857
EMAIL ADDRESS (IF AVAILABLE) Ron Curren [rcurren@cityofwarden.org]		

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER G3-25983C	RECORDED NAME(S) City of Warden
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <i>Note: The purpose of use is municipal supply.</i>	

*Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.*



### 3. Point(s) of Diversion/Withdrawal:

#### A. Existing (per change authorized May 2002)

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	4	S ½	SW	9	17	30		
Well	5	NW	NW	16	17	30		
Well	6	SE	SW	10	17	30		
Well	7	E ½	NE	15	17	30		
Well	8	NE	NW	15	17	30		

#### B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Well	5	NW	NW	16	17	30		
Well	6	SE	SW	10	17	30		
Well	7	E ½	NE	15	17	30		
Well (aka "irrigation well")	8	NE	SE	17	17	30		
Well	9	SW	NW	16	17	30		
Well	10	NW	SW	16	17	30		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

*Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.*

### 4. Purpose of Use:

#### A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal	1,080 gpm	(a)	Continuous

(a) Annual quantity not to exceed 224 ac-ft/yr under this right and 1713-A.

#### B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Municipal	1,080 gpm	(a)	Continuous

(a) Annual quantity not to exceed 224 ac-ft/yr under this right and 1713-A.



## 5. Place of Use:

### A. Existing (per change authorized May 2002)

#### LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

Area served by the City of Warden as described in the 1998 comprehensive water system plan.

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☐ YES ☒ NO

IF NO, PROVIDE OWNER(S) NAME: Various

### B. Proposed

#### LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

City of Warden water service area as defined in the City's most recently approved water system plan.

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☒ NO

IF NO, PROVIDE OWNER(S) NAME: Various

*Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.*

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☒ YES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): 89-D, 1713-A, 4121-A, 6505-A



## 6. Remarks and Other Relevant Information:

The City wishes to add an existing well, Well No. 8 aka the Irrigation Well, plus two proposed wells, Wells No. 9 and 10 to this water right. Similar change applications are being made to add these three wells to the other City water rights listed above.

IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

## 7. Signatures:

*I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.*

Tony Massa, Mayor  
Applicant Printed Name - Title

  
Applicant Signature

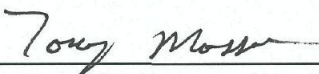
10/ 30/ 13  
(Date)

Tony Massa, City of Warden  
Water Right Holder Printed Name

  
Water Right Holder Signature

10/ 30/ 13  
(Date)

Tony Massa, City of Warden  
Land Owner of Existing Place of Use Printed Name

  
Land Owner of Existing Place of Use Signature

10/ 30/ 13  
(Date)

Tony Massa, City of Warden  
Land Owner of Proposed Place of Use Printed Name

  
Land Owner of Proposed Place of Use Signature

10/ 30/ 13  
(Date)

Please check the region in which the project is located:

<b>*Submit your application to:</b>  DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

### WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED      ☐ MAP NOT INCLUDED or INCOMPLETE  
☐ ADDITIONAL SIGNATURES REQUIRED      ☐ SECTION \_\_\_\_\_ IS INCOMPLETE  
☐ OTHER/EXPLANATION: \_\_\_\_\_

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_